

<b>FAMILY IDENTIFICATION SHEET FOR A CHILD RECEIVING SERVICE</b> For use of this form, see AR 608-18; the proponent agency is OACSIM.										CHILD'S CASE NUMBER	
DATA REQUIRED BY THE PRIVACY ACT OF 1974											
<b>AUTHORITY:</b>		5 U.S.C. 301, Department Regulations; 10 U.S.C. 3013, Secretary of the Army; 42 U.S.C. 10606 et seq.; Victims' Rights as implemented by the Department of Defense Instruction 1030.2, Victim and Witness Assistance Program; DoD Directive 6400.1, Family Advocacy Program (FAP); Army Regulation 608-18, The Family Advocacy Program; and E.O. 9397 (SSN)									
<b>PRINCIPAL PURPOSE:</b>		To provide essential background information to develop a service plan for each child and family involved in emergency placement.									
<b>ROUTINE USES:</b>		To federal, state, or local government agencies when it is deemed appropriate to use civilian resources in counseling and treating individuals of families involved in child abuse or neglect or spouse abuse; or when appropriate or necessary to refer a case to civilian authorities for civil or criminal law enforcement; or when a state, county, or municipal child protective service agency inquires about a prior record of substantiated abuse for the purpose of investigating a suspected case of abuse.  Information may be disclosed to departments and agencies of the Executive Branch of government in performance of their official duties relating to coordination of family advocacy programs, medical care and research concerning child abuse and neglect, and spouse abuse.									
<b>DISCLOSURE:</b>		Voluntary. However, failure to provide the requested information may delay the provision of the appropriate services to the individual.									
NAME (Child) (Last, First, Middle)						BIRTHDATE (YYYYMMDD)			SOCIAL SECURITY NO.		
INFORMATION ON PARENTS											
NATURAL FATHER						NATURAL MOTHER					
NAME (Last, First, Middle, Nickname, Aliases)						NAME (Last, First, Middle, Maiden, Nickname, Aliases)					
ADDRESS (Include ZIP Code)						ADDRESS (Include ZIP Code)					
DATE OF BIRTH (YYYYMMDD)						DATE OF BIRTH (YYYYMMDD)					
PLACE OF BIRTH (State, Country, town or city)						PLACE OF BIRTH (State, Country, town, or city)					
RACE AND CITIZENSHIP						RACE AND CITIZENSHIP					
PHYSICAL DESCRIPTION						PHYSICAL DESCRIPTION					
HEIGHT	WEIGHT	COLOR HAIR	COLOR EYES	SKIN		HEIGHT	WEIGHT	COLOR HAIR	COLOR EYES	SKIN	
BIRTHMARKS, SCARS						BIRTHMARKS, SCARS					
DISABILITIES						DISABILITIES					
CHRONIC ILLNESS				WEARS GLASSES <input type="checkbox"/> YES <input type="checkbox"/> NO		CHRONIC ILLNESS				WEARS GLASSES <input type="checkbox"/> YES <input type="checkbox"/> NO	
EDUCATION <input type="checkbox"/> GRADE SCHOOL <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE						EDUCATION <input type="checkbox"/> GRADE SCHOOL <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> COLLEGE					
VOCATIONAL AND OTHER TRAINING						VOCATIONAL AND OTHER TRAINING					
SOCIAL SECURITY NUMBER				EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO		SOCIAL SECURITY NUMBER				EMPLOYED <input type="checkbox"/> YES <input type="checkbox"/> NO	
OCCUPATION(S)						OCCUPATION(S)					
UNIT NUMBER AND NAME						UNIT NUMBER AND NAME					

INFORMATION ON PARENTS <i>(cont'd)</i>			
NATURAL FATHER		NATURAL MOTHER	
MILITARY SERVICE AND DATES		MILITARY SERVICE AND DATES	
TYPE OF DISCHARGE	RANK/PAY GRADE	TYPE OF DISCHARGE	RANK/PAY GRADE
RELIGIOUS PREFERENCE		RELIGIOUS PREFERENCE	
MARITAL STATUS OF NATURAL PARENTS			
<i>(How verified)</i>			
<input type="checkbox"/> NEVER MARRIED		<input type="checkbox"/> MARRIED TO EACH OTHER _____ <div style="text-align: right; font-size: small;">(Date) (Place)</div>	
<i>(How verified)</i>			
<input type="checkbox"/> NEVER		<input type="checkbox"/> MAINTAINED A HOME TOGETHER _____ <div style="text-align: right; font-size: small;">(State) (County) (City)</div>	
NOW, <input type="checkbox"/> LIVING TOGETHER		<input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED _____ <div style="text-align: right; font-size: small;">(Date) (Place)</div>	
<i>(How verified)</i>			
<input type="checkbox"/> PATERNITY ESTABLISHED BY COURT ORDER		_____	
		(Date) (Court)	
NAME OF LEGAL FATHER IF NOT NATURAL FATHER <i>(Above)</i> _____			
FATHER <i>(If deceased)</i>		MOTHER <i>(If deceased)</i>	
DATE AND PLACE OF DEATH		DATE AND PLACE OF DEATH	
CAUSE OF DEATH		CAUSE OF DEATH	
OTHER CHILDREN FROM EITHER OF NATURAL PARENTS			
NAME <i>(Last, First, Middle)</i>	BIRTHDATE <i>(YYYYMMDD)</i>	OTHER INFORMATION	

NATURAL FATHER'S RELATIVES <i>(Parents, siblings, children, other unions)</i>			
NAME	RELATIONSHIP	ADDRESS	
NATURAL MOTHER'S RELATIVES <i>(Parents, siblings, children, other unions)</i>			
NAME	RELATIONSHIP	ADDRESS	
CHANGES IN WHEREABOUTS <i>(Relatives listed above)</i>			
NATURAL FATHER		NATURAL MOTHER	
DATE	NAME AND ADDRESS	DATE	NAME AND ADDRESS